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ABSTRACT

The function and purpose of school psychological services for children with educational problems are discussed, the referral procedure is described, and guidelines for referral based on observation of visual, auditory, tactual-motor, and personal social behavior are offered. Appended is the group test sequence and a sample referral form from the Merrill Area (Wisconsin) Public Schools. (CL)

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Faculty Handbook for Psychological Services

EC 080771

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Merrill Area Public Schools

POLK STREET • MERRILL, WISCONSIN 54452

THE PURPOSE OF SCHOOL PSYCHOLOGICAL SERVICES

Though every child is obligated to attend school, not every child can make maximum use of the resources and benefits available to him through the school program.

Therefore, the behavior of children is studied to facilitate learning and total human development through the prevention, identification, evaluation, and remediation of educational problems and disabilities.

THE FUNCTION OF PSYCHOLOGICAL SERVICES

The function of the school psychologist is the intensive individual psychological study of children for diagnosis of their problems, and to work with the staff members and parents concerning the child's learning and behavior disorders, remediation and placement.

The school psychologist is prepared:

1. To assist school personnel to understand the child's educational and personality disabilities through the use of psychological tests and assessments.

2. To interpret the findings of psychological studies and to interpret and suggest plans for the effective instruction and management of the child.

3. To study the incidence of school children with psychological problems and suggest ways in which the school program may be modified in accordance with such findings.

4. To consult with school administrators and interpret findings from the fields of psychology and learning theory that may assist in development of curriculum plans and educational policies.

5. To initiate and conduct research as well as design research which has implications for the school program.

6. To serve as the liaison person between the school and community agencies and personnel interested in psychological matters and

utilizing school psychological findings in their work with children.

THE USE OF PSYCHOLOGICAL SERVICES

The great majority of children are referred to school psychologists because of learning problems, such as:

(1) A child having normal or above average intelligence but who presents general or specific learning problems.

(2) A child who does not make gains after special remedial reading instruction.

(3) A child with speech difficulties which do not respond to therapy.

(4) A child who formerly did well but who now does barely acceptable work and whose attitudes and behaviors have changed for the worse.

(5) A child who is deliberately aggravating to his teacher and classmates, either demanding excessive attention or being overly-dependent.

(6) A child who seldom gets his work done in a group situation.

(7) A child who is a mirror-writer, or who turns his books upside down or in unusual positions when reading or writing.

(8) A child whose parents are requesting his early admittance to school.

(9) A child whose group intelligence test data seems invalid or contrary to teacher expectations.

(10) A transfer student having few records or lacking acceptable evidence for placement in the Merrill Area Public Schools.

(11) A child who seems underplaced, is bored or presenting behavioral problems because of unusually rapid learning.

(12) A child who is tardy frequently or who misses much school for many minor illnesses.

(13) A child whose nail-chewing, stuttering, temper tantrums, or crying spells appear to be related to a frustrated desire for perfection.

(14) A child whose second year in a grade has not helped him to mature mentally or emotionally.

(15) A child who seems chronically unhappy, even though docile.

REFERRAL PROCEDURE

Procedure for referral is (1) completion of referral form by teacher, counselor, or speech therapist, (2) submission of the referral form to the building principal, (3) submission then to the Director of Elementary Education, and to the school psychologist, and (4) request audiometer checks.

The following observations of children are guidelines to be used when making a request for individual evaluation or psychological study of a child.

Visual

1. Frequent rubbing of the eyes.
2. Complaints of blurred vision at distance or at close range.
3. Eyes water after concentrated close work.
4. Miscalls words with somewhat similar outer periphery, reading.
5. Headaches.
6. Redness of eyelids.
7. Sties.
8. Inaccurate seatwork giving impression of guesswork.
9. Pained facial expression.
10. Unusual amount of blinking.
11. Failure to notice punctuation marks when reading.
12. Cannot distinguish colors or match them.
13. Clowns when reading, so as to hide failure at word recognition.
14. Chooses library books that are thin and have little reading.
15. Frequently fails to complete assignments requiring reading or anything besides filling in blanks.
16. Listlessness during academic classes or study periods.
17. Loses place while reading.
18. Avoiding close work.
19. Poor sitting posture and position while reading.
20. Holding reading material closer than normal.
21. Frowning, blinking, scowling, and other facial distortions while reading.
22. Excessive head movements while reading.
23. Body rigidity while looking at distant objects.
24. Tilting head to one side.
25. Thrusting head forward.
26. Tension during close work.

Auditory

1. Blank expression when directions are given orally.
2. Extremely loud or soft speech (volume) for one of his age.
3. Delayed speech or faulty pronunciation:
   a. Child fails to differentiate between certain speech sounds -- confuses words that sound alike: wed-red, thumb-some.
   b. Child omits or substitutes certain speech sounds -- or drops word endings, particularly sibilant sounds.
4. Chronic or frequent colds, nasal allergies, or throat infections.
5. Mouth breathing.
6. Turns head to watch speaker's lips: tendency to favor one ear.
7. Running ear or presence of cotton plug.
8. Earaches.
9. Requests frequent repetition of spoken statements.
10. Social or emotional maladjustment.
11. Monotonous voice tone or unnatural pitch of voice.
12. Complaints of head noises, or "stopped up" ears.
13. Frequent rubbing of the ear.
14. Seems inattentive, disinterested, or restless.
15. Is alert and attentive to things that can be seen, rather than to things that he is expected to hear.
16. Seems to fatigue easily and appears under a nervous strain when he is in a speaking and listening situation -- listless, strained, weary expression.
17. Exhibits facial expression showing confusion -- (puzzlement), inquiry, or disappointment at his failure to understand the speech of others. He may hear one speaking but not know what has been said.
18. Becomes irritable apparently because he does not understand others and therefore was "corrected" for misunderstanding.
19. Fails habitually to respond when questioned.
20. Appears unable to follow oral directions.
21. Gives irrelevant answers.
22. Interrupts conversation without being aware others are talking.
23. Tends to withdraw from group conversations and avoids people.
24. Faulty equilibrium.
25. History of blow to ear, serious childhood disease, wax in the ears, sinus infection, swollen glands, allergies, inflamed tonsils and adenoids.
26. Reading difficulty: phonics.
27. Written work is better than oral.
28. Poor school achievement in general.

Tactual-Motor

1. Left-right confusion of eyes or hands.
2. Clumsy movements, bumping into things or spilling things.
3. Reversals in writing.
4. Reversals in reading (saw for was).
5. Failure to stay on and within lines when writing.
6. Large scrawling handwriting and drawing.
7. Difficulty in catching balls, not anticipating appropriate direction of descent.
8. Poor aim in throwing a ball or beanbag.
9. Walks stair steps two feet on each step.
10. Falls easily if not grasping someone's hand or a railing.
11. Unable to stay within outline when coloring.
12. Walks on toes and lurches forward.
13. Lack of rhythm in tapping time in music or phy. ed.
14. Cannot tie shoestrings (first grade and above).

15. Puts shoes, overshoes, or gym shoes on wrong feet.
16. Improper buttoning of garments, or outright avoidance of buttoning them.
17. Loses place in reading easily.
18. Frequency of need for first aid for playground bumps, bruises, abrasions.
19. Frequency of dropping lunch tray or of tilting it so things fall off.
20. Usually last to be chosen for team games.
21. Reluctance of others to choose child as dancing partner.
22. Inability or slowness to learn calisthenics in phy. ed. classes.
23. Can't jump rope.

Personal-Social

1. Self-centered, wanting his own way in choosing games.
2. Overly dependent upon adults to make his decisions and to guide his every movement.
3. Overly reticent and withdrawn.
4. Constant interruptions when others speak.
5. Toilet habits not well established.
6. Prefers parallel play rather than group play.
7. Lacks pride in appearance: hair messy or unkempt, unwashed hands and/or face and neck, fingernails unkempt, teeth needing scrubbing and dental attention, fails to use handkerchief for runny nose or sneezing, no attempt to keep garments clean and wrinkle-free.
8. Cries easily but may not explain why.
9. Defiant of authority and school rules.
10. Undue attention-getting mannerisms.
11. Frequent daydreaming.
12. Low frustration tolerance with temper outbursts.
13. Unsportsmanlike conduct in games.
14. Dislikes taking turns using playground equipment.
15. Unconcerned about his personal safety or that of others on the playground: lack of foresight.
16. Mars desk, walls, or books.
17. Puts inappropriate things in mouth, nose, or ears.
18. Steals from others or misappropriates belongings of others.
19. Blames others for his misdeeds.
20. Nervous tension.
21. Inadequate self-concept.
22. Fear of, or antagonism toward learning to read.
23. Very short attention span.
24. Undue dependence upon approval.
25. Anxiety
26. Introversion.
27. Malingering.
28. Anti-social behavior (See 1-4-9-12-13-14-15-16-18).
29. Irresponsibility.
30. Hyperactivity.
31. Distractibility.
32. Disorganized approach to school work.

In summary, when a child's behavior deviates markedly from that which is characteristic for his age and stage of growth, whether it be in academic achievement, social maturity, or physical maturity, and when a teacher is unsure of the

reason for the behavior, and when a teacher judges that the academic achievement of a student is incongruent with the results of previous or current standardized tests, he can make a request for individual assessment of the child's intellectual functioning.

MERRILL'S GROUP TEST SEQUENCE

Testing Date	Grade	Test		Company
September	3	Otis-Lennon Mental Ability		Harcourt, Brace & World
October	1	Otis-Lennon Mental Ability		Harcourt, Brace & World
October	6	Otis-Lennon Mental Ability		Harcourt, Brace & World
October	9	Henmon-Nelson Test of Mental Abilities, Form B		U. W. Test Service
October	11 & some 12	Preliminary Scholastic Aptitude Test		College Entrance Examination Boards
October or November	3-4-5	Stanford Achievement Battery		Harcourt, Brace & World
December	12	Scholastic Aptitude Test	(OPT)	College Entrance Examination Boards
December	12	American College Test	(OPT)	American College Testing Program
February	12	Kuder Preference (Vocations)		Science Research Associates
March	8	Stanford Achievement Complete Advanced Battery, Form X		Harcourt, Brace & World
April	11	Henmon-Nelson Test of Mental Abilities		U. W. Test Service
April	11	(S.T.E.P.) Sequential Tests of Educational Progress		U. W. Test Service
April or May	1-2-6	Stanford Achievement Battery		Harcourt, Brace & World
Spring		National Educational Dev. Test	(OPT)	
Spring	11	National Merit Scholarship	(OPT)	Educational Testing Service
May	Kdgn.	Metropolitan Readiness		Harcourt, Brace & World
As needed	1-6	Scott, Foresman Book Tests		Scott, Foresman & Co.
	12	National Nursing Aptitude Exam.		

MERRILL AREA PUBLIC SCHOOLS
Special Services Referral Form: Testing and Diagnosis

Urgency of Request:
_____immediately
_____soon
_____schedule permits

Area:
_____Corrective Speech
_____Guidance
_____Low Achievement
_____High Achievement

Requested by _____

Pupil _____ School _____ Date _____

Grade _____ Date of Birth _____ Teacher _____

Parent or Guardian _____ Address _____ Telephone _____

I. State why this child is being referred; that is, what is your question about him?
(Use back if more space is needed) _____

_____

_____

_____

II. Academic Background:
1. How long in Merrill School System? _____
2. Has he repeated any grades? _____ Which? _____
3. What do you regard as his weakest subjects? _____
4. Give most recent group mental maturity test IQ, date and title.
_____
5. Give most recent individual intelligence test results, date, and kind.
_____
6. Give results of Standford, Metropolitan, or Iowa Achievement tests.
Which rest? _____ Date? _____ Grade Placement of Highest & Lowest Subjects
_____
_____
7. What is the highest grade reading level at which you think he reads with little or no help? _____
8. When did he receive specialist help from a remedial reading teacher or speech therapist? _____

III. Health and Physical Background:
1 When was his most recent audiometer test? _____ Results? _____
2 What are his speech characteristics? Check those describing them.
___stuttering ___volume too soft ___says little
___lisping ___unusual quality ___rapid speech
___substitutions of consonants ___loud ___nasal blockage
3. Does he wear glasses? _____ How long has he worn them? _____
_____ When did an eye doctor last re-examine the child's eyes?
_____
4. What evidence of eyestrain have you seen? _____
5. Did he miss more than 10 days of school in any single year? _____
When and why? _____
6. Which is his preferred hand for writing? _____ for throwing? _____
7. Do you think this child gets enough sleep? _____ breakfast? _____
8. List any physical handicaps or serious illnesses the child has had.
_____
_____

(Continued on next page)

Special Services Referral Form (Continued)

IV. Family-School Relations

1. Have the parents come for teacher conferences this year? _____
   Last year? _____
2. Have the parents attended at least one P.T.A. meeting or school program this year? _____
3. What is the parents' attitude toward the referral problem?

_____

_____

V. Behavioral Characteristics: Check all that apply to this child.

_____ little respect for authority
_____ cries easily
_____ temper tantrums
_____ withdrawal: daydreams
_____ aggressive
_____ uses foul language
_____ hurts others: Physically? _____ teasing? _____ Poking fun of? _____
_____ inattentive
_____ unable to follow directions
_____ not well accepted by classmates
_____ frequent headaches, stomach aches, vomiting, allergies
_____ extra toilet and drink privileges daily
_____ poor personal habits such as failure to wash, use a handkerchief, cover coughs or sneezes, keep fingers out of nose
_____ wants excessive attention: dependent
_____ slow to finish assignments
_____ poor muscular coordination: in doing what? _____
_____ short attention span
_____ hyperactive, can't sit still long
_____ distracts others: makes noises or talks at inappropriate times
_____ too shy to admit not understanding
_____ never takes blame or admits being in error
_____ abnormally still in movement: hypoactive
_____ dislikes calisthenics or physically active games
_____ sets unrealistic standards for himself
_____ attempts to copy others' work, rather than think for himself
_____ shows anxiety about report card grades
_____ draws obscene pictures

Describe the frequency and circumstances in which the above behaviors occur.

_____

_____

_____

_____

_____

VI. This referral is to be sent to the building principal for processing.

_____ Principal's Signature